

# New York Formulary Coverage –

For Adult Patients\*

(Rx's Needed for Approval)



**Mucinex®**

Prescribe Indication

AFFINITY AMIDA CARE CDPHP FAMILY HEALTHPLUS EMPIRE BCBS FIDELIS HEALTHFIRST HIP HUDSON/FAMILY HEALTH PLUS IHA MEDISOURCE MEDICAID NY METRO PLUS MOLINA HC UHC COMMUNITY VNSNY CHOICE FIDA COMPLETE WELLCARE YOURCARE HEALTH PLAN

**Maximum Strength MUCINEX® D Tablets**  
Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl

24 count

Chest Congestion + Sinus Pressure

✓			✓	✓	✓	✓						✓			✓
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**MUCINEX® D Tablets**  
Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl

18 count  
36 count

Chest Congestion + Sinus Pressure

✓			✓	✓	✓	✓		✓		✓	✓	✓		✓	✓
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**Maximum Strength MUCINEX® DM Tablets**  
Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr

7 count  
14 count  
28 count  
42 count

Chest Congestion + Cough

✓			✓	✓	✓	✓		✓	✓			✓			
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**MUCINEX® DM Tablets**  
Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr

6 count  
20 count  
40 count

Chest Congestion + Cough

			✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓
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**Maximum Strength MUCINEX® Tablets**  
Per tablet - 1200 mg guaifenesin

7 count  
14 count  
28 count  
42 count

Chest Congestion

✓			✓	✓	✓	✓		✓				✓	✓	✓	
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**MUCINEX® Tablets**  
Per tablet - 600 mg guaifenesin

6 count  
20 count  
40 count  
68 count  
100 count  
500 count

Chest Congestion

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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**Maximum Strength† MUCINEX® Fast-Max® DM Max Liquid**  
Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin

6 fl oz

Cough + Chest Congestion

										✓				✓	
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**Delsym®**

Prescribe Indication

**DELSYM® 12 Hour Liquids**  
Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr – Grape and Orange

3 fl oz  
5 fl oz

Cough

			✓					✓						✓	
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For Pediatric Patients\*

(Rx's Needed for Approval)

**Mucinex®**

Prescribe Indication

**Children's MUCINEX® Cough Liquid**  
Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry

4 fl oz

Cough + Chest Congestion

✓	✓	✓	✓	✓	✓		✓		✓		✓			✓	
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For more information about MUCINEX, call 1-866-682-4639 or visit [www.mucinex.com/professional](http://www.mucinex.com/professional).  
For more information about DELSYM, call 1-866-682-4639 or visit [www.delsym.com/professional](http://www.delsym.com/professional).

\*The use of these medications is for the approved indications only and should be dispensed according to the proper dosing instructions. REV. 091718  
†Maximum strength per 4-hour dose. Use as directed. ©2018 RB Health Distributed by: RB Health